

## ESCORT/ESCORT SERVICE RUNNER LICENSE APPLICATION

COMPLETE IN DUPLICATE FEE: \$100.00 per year

## ENCLOSE TWO RECENT PHOTOGRAPHS (2 X 2) OF APPLICANT ESCORT LICENSE APPLICANTS MUST PROVIDE REQUIRED DOCTOR MEMORANDA

CITY LICENSE (316) 268-4553

ESCORT NEW
ESCORT SERVICE RUNNER RENEWAL

L	SCORT SERVICE ROWN	EK	RENEWAL
PERSONAL INFO	RMATION:		
Name			
Alias/maiden name	9		
Residential address	S		
City, State, Zip			
Mailing Address			
City, State, Zip			
Date of birth			
City & state of birt	ih		
Home phone			
probation of a crime in	nvolving moral turpitude?	is application, have you been adjudge Yes ic offenses, and the dates and location	ed guilty, placed on diversion or been released from No as of such confictions:
in Chapter 3.07 of the	swers herein contained are contained are contained are contained are contained by the City of Wichita	omplete and true. In addition, I have hermore, I hereby agree to comply w	nat I have read the contents of this application and that read and understand all rules and regulation as set out ith all of the laws of the State of Kansas, and all rules ocation of my license, by the proper officials, for any
ID #			
Signature of Applicant			
Notary Public			
My appointment expir	res on the day of		
		FOR OFFICIAL USE ONLY	
	Approved	Disapproved	Date
Police Records			
Police Chief			
<b>Escort Only:</b>			
Haalth Dr Mama			

Release Date

License#